



## AUK International Programs: Off-Campus Waiver Form

Program Information			
Program Name			
Start Date		End Date	
Location		Semester/Term	

Student Information					
Name:			ID Number:		
Mobile:			Email:		
<b>Emergency Contact Information:</b>					
Name 1:			Mobile:	Relationship:	
Name 2:			Mobile:	Relationship:	

Medical & Insurance Information <i>(if applicable)</i>					
List of current medications:					
List any known allergies:					
Other relevant health information:					
Medical Insurance Provider:		Expiry:		Policy No.:	
Travel Insurance Provider:		Period of coverage:			
<b>Notes:</b> <ul style="list-style-type: none"><li>When mandated by embassies, travel insurance is required for all activities outside of Kuwait (Confirmation of travel insurance must be attached to this form, with relevant services and information.)</li><li>It is the responsibility of each attendee or their guardian to assure routine medical needs are met and that the attendee is fit to participate and travel and has all necessary medications and medical aids required.</li></ul>					

## Statement of Responsibility:

By signing this form, I agree to abide by the following rules:

- Abide by all University policies & Code of Conduct as set forth in the University Catalog.
- Follow safety and other instructions provided by the University through its representatives.
- Share responsibility for my personal safety and not endanger others who are participating in the activity.
- Operate and use equipment and materials in a proper and safe manner.
- Immediately report all defective equipment and/or unsafe acts and dangerous conditions to a University representative.
- Represent AUK in the best way possible; encourage fair play and be courteous.
- Respect opponents, students, teachers, and officials.
- I agree not to use or possess alcohol or drugs at any time while participating in this event or activity.
- To obtain and maintain such health, accident, disability, hospitalization and travel insurance as deemed necessary, and to be responsible for the costs of such insurance for any expenses not covered by insurance.
- To immediately disclose to the University any physical or emotional conditions or problems that might impair my ability to complete the activity.
- Participation in this activity is voluntary and that failure to comply with this waiver or in any way bring discredit to the University or the activity's participants and will terminate my participation without a refund and may require me to pay back expenses incurred by the University.
- In case of emergency, accident or illness, I give my permission to be treated by a professional medical person and admitted to a hospital if necessary. I agree to be responsible for all medical expenses which are incurred on my behalf. I also give permission to be transported by the appropriate medical personnel in the event of an emergency, if necessary.

## Waiver of Liability:

Waiver of Liability: I acknowledge that travel for exchange students may involve certain risks, including but not limited to exposure to COVID-19 or other illnesses, accidents, theft, acts of terrorism, natural disasters, and other hazards. I understand that these risks may result from the actions, omissions, or negligence of myself and others, including the American University of Kuwait and its employees, organizers, representatives, and successors. I agree to hold harmless, waive and release the American University of Kuwait, Board of trustees, its employees, organizers, representatives, and successors from any act or omission, responsibility, liabilities, demands, or claims of any kind arising out of my participation in travel for exchange students, including but not limited to any COVID-19 infection that could occur before, during, or after the trip. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself, including, but not limited to, personal injury, disability, and/or death, illness, damage, loss, claim, liability, or expense, of any kind.

*By signing below, I have read and understood the statement of responsibility and waiver of liability and accept to follow the guidelines provided.*

Name of participant (Print clearly)	AUK ID #	Mobile #	Signature	Date
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Name of Parent/Guardian (if student is under 21 years of age)		Mobile #	Parent/Guardian Signature	Date